

PERSONNEL ACTION REQUEST



(Retain a Copy for Your Records)

Employee Name: _____ (As it appears on social security card) Employee ID #: _____

I. ACTION REQUESTED (check one)

- Effective Date of Action: _____
- ☐ Hire (Employee will attend Orientation in HR on _____)
Eligibility List Used: _____ Expiration Date: _____ (Please attach List)
- ☐ Academy Completion Date: _____
- ☐ Completed Original Probation
- ☐ Demotion
- ☐ Job Share – *Shared with:* _____
- ☐ Leave of Absence *Begin* _____ *End* _____
- ☐ Pay Change/Increase _____ %
- ☐ Promotion
- ☐ Reclassification
- ☐ Other Action/Comments: _____
- ☐ Reinstatement
- ☐ Special Assignment *Begin* _____ *End* _____
- ☐ Temporary Detail (*In excess of two pay periods*)
Begin _____ *End* _____
- ☐ Transfer – *Cost Center Change*

- Last Day of Employment: _____
- ☐ Resignation (*Voluntary*) – *Attach Resignation Notice*
- ☐ Retirement (*Last day worked* _____)
- ☐ Resignation/Termination (*Involuntary*) – *Attach Documentation*
- ☐ Termination (*End of Season*)

II. REQUIREMENTS:

- Polygraph? ☐ YES ☐ NO Driver's License Required? ☐ YES ☐ NO
- Photo ID? ☐ YES ☐ NO Commercial Driver's License (CDL) Required? ☐ YES ☐ NO

III. UPDATE EMPLOYEE RECORD AS FOLLOWS:

	CURRENT RECORD IS:	NEW RECORD SHOULD BE:
Department / Division		
Department Number (Cost Center)		
Job Title / Job Code (<i>Refer to Pay Plan</i>)		
Employee Class	<input type="checkbox"/> Regular <input type="checkbox"/> Temporary	<input type="checkbox"/> Regular <input type="checkbox"/> Temporary
	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
	<input type="checkbox"/> Exempt <input type="checkbox"/> Overtime Eligible	<input type="checkbox"/> Exempt <input type="checkbox"/> Overtime Eligible
Salary Grade/Hourly Rate (<i>attach City Manager authorization if above salary range minimum</i>)		
FTE		

Withhold State Retirement employee works a total of 20 or more hours per week for 20 or more weeks in fiscal year)? ☐ YES ☐ NO

IV. APPROVALS

Budget Authorization Obtained? ☐ YES ☐ NO

Division Head Signature _____ Date _____

Supervisor Name (Please Print) _____ Extension _____ Date _____

Department Director Signature _____ Date _____

Action Taken By: _____ State Retirement Refund: ☐ YES ☐ NO

Next Review Date: _____ Final Check Received: _____ Mailed: _____